

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

2-28-05

SERIAL NO.

APPLICANT(S)

28-09/955274

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
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TOTAL IND.	1		1			
TOTAL DEP.		1		1		
TOTAL CLAIMS	12		13			

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